Omega-3-Acid Ethyl Esters (Lovaza® and generics), for Severe Hypertriglyceridemia Criteria for Use January 2024

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

Inclusion Criteria

The answers to the following must be fulfilled to meet criteria:

LOVAZA/LOVAZA GENERICS

☐ Fasting triglyceride level of ≥ 500 mg/dL on two occasions ^1

1. Secondary causes should be considered and addressed prior to initiation of therapy. The effect of Lovaza and Lovaza generics on risk for pancreatitis in patients with severe hypertriglyceridemia has not been established.

   Evidence does not support a greater triglyceride lowering response between Lovaza, Lovaza generics and icosapent ethyl.

   For patients who may be candidates for reducing cardiovascular (CV) risk with icosapent ethyl (established CV disease, on statins with LDL 41-100 mg/dL and fasting TG ≥ 150 mg/dL), refer to CFU for Icosapent Ethyl for reducing CV risk.

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